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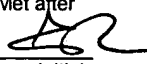
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\*\* CONTINUING DATA \*\*\*\*\*  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature  Initials				

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TITLE  
 Phase-shift mask

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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